

Health Care- Primary and Urgent Care

1. **Primary Care Facility** The development of the site should facilitate the development of the primary care clinic(s), on or off site.
2. **Primary Care Facility Payer Mix** The primary care clinic would accept all patients in need of service without regard to payer source.
3. **Primary Care Facility Services** – In addition to the normal range of primary care services, the clinic should include a clinical laboratory and x-ray capabilities.
4. **Urgent Care Facility** The development of the site should facilitate the development of urgent care clinic(s), on or off site.
5. **Urgent Care Facility Payer Mix** The urgent care clinic would accept all patients in need of service without regard to payer source.
6. **Urgent Care Facility Referrals** – The referrals for specialty care and inpatient care should not distinguish between sources of payment.
7. **Primary/Urgent Care Sponsorship** - the urgent care center and the primary care clinic should be under the same sponsorship/operated jointly, to enable efficient use of ancillary services, such as lab and x-ray

Health Care - Clinic Operator

8. **Gardner Facility** The development of the site should facilitate establishing a Gardner Health Network facility.

Any Clinic Operator should:

9. **Living Wage** Provide a living wage to employees.
10. **Wages and Benefits** Provide wages and benefits that are competitive with comparable community health clinics.
11. **Health Benefits** Provide affordable health benefits that are competitive with comparable community health clinics.
12. **Management** Provide opportunities (both formal and informal) for staff to work with management on issues affecting the work place, including staffing levels applicable to the healthcare provider's industry (community health clinics).
13. **Quality of Care** Provide mechanisms in place for understanding and addressing quality of care issues. (For example, A collective bargaining agreement would fully satisfy this criteria)

Health Care- Hospital Site

14. **Joint City County Taskforce** - A formal committee or group comprised of City, County, and stakeholders (including all the major health care providers; Regional, O'Connor, Kaiser, Valley Medical, etc.) should be formed to work collaboratively on health care issues facing the downtown and the City. The work of this group would be coordinated with and informed by the general plan update (see below)
15. **General Plan Update.** The General Plan update should be expanded to include recommendations for health care/health care facilities/site to 2040. The question of best site(s) for future hospital/medical uses should be addressed as part of the General Plan update and should look at both the downtown, with a growing and aging population, as well as other growth areas in the city including North San Jose and Coyote Valley.

Health Care –Other

16. **Reuse of adjacent Medical Office Buildings** - Priority for any Medical Office Building is reuse of existing Medical Office Buildings along East Santa Clara Street (e.g the Medical Office Building at 25 N 14th Street)
17. **Bridge Retrofit/Replacement** - The bridge across Coyote Creek at Santa Clara that provides connections between downtown and the east side should be seismically retrofitted/replaced to allow emergency vehicle access in case of earthquake.

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Land Use- Residential

18. **Single Family Infill** - The land currently used for the parking lot on the north side. St John Street between 15th Street and 16th Street should be developed with detached single family homes
19. **Ancillary Properties:** Parking lots owned by HCA on the north side of the main property should be restored to single family residential use.
20. **Santa Clara Urban Form** - The largest/most urban scale buildings should be along Santa Clara Street.
21. **Building Massing Step Back** - The size and mass of the buildings should step back as they transition from Santa Clara to St. John Street. e.g. higher urban density along Santa Clara, more moderate urban density in the middle of the site and lower density, along St. John Street.

Land Use- Circulation and Parking

22. **Block Pattern** - The original traffic grid/block pattern should be restored (But not to through traffic)
23. **Walkability** - The site should be walkable and pedestrian oriented.
24. **Cut Through Traffic** - Vehicle traffic should not be able to cut through the entire site; i.e. bike and pedestrians through, cars not.
25. **Parking Demand** - The new parking demand generated by the development should be appropriately accommodated on site with a minimum of surface parking;
26. **Structured Parking** - Any structured parking should be designed to fit within the site and neighborhood context.
27. **Parking Structure Location** : There should be no large parking structures along E. St John
28. **Parking Structure Design:** Any parking structures should be designed so that they are not monolithic (e.g. wrapped with other uses, ground floor retail, good design, etc)
29. **Traffic Calming** - Plans for development of this property should include significant traffic calming to control speed and primary routes of additional trips generated.

Land Use- Retail

30. **Retail/Commercial Minimum Square Footage** should be part of the development along Santa Clara Street (some X minimum amount of square footage should be required to be neighborhood serving retail)
31. **Retail Limit** - Limit the size of retail to x square feet to avoid creating a major regional shopping center which would generate too large a traffic impact. e.g. The retail along Santa Clara and the Alameda that includes Seven Restaurant and Riga bakery is the right scale. A new Super market, or Santana Row, would not be.
32. **Retail/Commercial Urban Form** development should be urban in form, ideally vertically mixed with other uses above (i.e. *not* stand alone "power center" type retail, with large amounts of surface parking)

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Land Use- Parks and Landscaping

- 33. **Parks Improvements** - Parks improvements accompanying the development should connect the site to existing trails and parks such as Coyote Creek Trail and the new Roosevelt Community Center. The site does not necessarily need large open space of its own.
- 34. **St. John Street Closure** - Consider previously approved St. John Street closure (Hospital Planned Development) to allow for additional green/pedestrian space.
- 35. **Tot Lot** - Incorporate a neighborhood accessible tot -lot in the design.
- 36. **Landscaping** - Incorporate attractive landscaping through out. Don't let "hardscape" be the predominant exterior feature.

Land Use – Fire Station

- 37. **Health Care v. Fire Station Relocation** - A Primary/Urgent Care Facility is a higher priority than the relocation of the Fire Station.
- 38. **Fire Station #8 Relocation on Site** - If Fire Station #8 is relocated on site it should face Santa Clara Street, and could be co-located with other medical uses.
- 39. **Fire Station Locational Preference** - The Fire Station location should be based on fire operational needs rather than located on the SJMC site just because land may be available.

Land Use- Design Principles and Other

- 40. **Mixed Use (Residential and Retail)** - The portion of the site not designated for Health Care should be developed as a mixed use development with Residential and Retail uses.
- 41. **Stakeholder Advisory Committee for Development** - Form a stakeholder advisory committee to work with the developer and appropriate city agencies regarding design as well as parking and traffic mitigations.
- 42. **Open Communities** Avoid creating walled communities; amenities should be shared where-ever possible to create an extension of the community rather than a separate one.
- 43. **Design – Historic** If a residential use is approved, those most closely adjacent to existing residential uses, should reflect and extend design elements of the historic homes in the area (similar to the design effort for the development behind Walgreens at 17th and Santa Clara).
- 44. **Special Opportunity** This property represents a special development opportunity for San Jose and as such, should be a model of unique and excellent urban design regardless of use.

Potential Taskforce Recommendations from the Small Group Meeting

- A. Long Term Planning** Uses for the site should be considered based on long term planning (10 to 50 years).
- B. Health Care Reform** Uses for the site should be considered based on possible insurance and healthcare reforms and not strictly on the current state of the market.
- C. HCA Support for Primary/Urgent Care Clinic** (two alternatives presented)
 - a. HCA should provide significant support (e.g in land and/or capital costs) for a new/expanded primary/urgent care clinic serving downtown.
 - b. HCA should provide meaningful support and facilitate a viable plan for a new/expanded primary/urgent care clinic serving downtown.
- D. Operating Partnerships** - The City should actively pursue partnerships with organizations such as The Health Trust to support ongoing operational costs associated with expanded primary/urgent care services downtown.
- E. Future Hospital Site** – If the process to identify a site(s) for future health and hospital services needed for downtown and north San Jose (recommendations 14 and 15) fails to identify and designate a viable hospital services site within two years then the City should designate 5 acres on one of the sites examined by the SAC as a holding site for a future downtown hospital.

The sites examined include:

- a. County Health Services Building and Adjacent properties
- b. Old City Hall "E" Parking Lot
- c. National Guard Armory
- d. County Building Parking Lot
- e. Industrial properties north of Taylor Street between 8th and 10th

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Proposed recommendation amendments:

21. Building Massing Step Back - The size and mass of the buildings should step back as they transition from Santa Clara to St. John Street. Higher urban density along Santa Clara, more moderate urban density in the middle of the site and lower density *with a maximum of 2 stories*, along St. John Street.

28. Parking Structure Design: Any parking structures should be designed so that they are not monolithic (e.g. wrapped with other uses, ground floor retail, good design, etc). *Underground parking is preferred.*

29. *<Withdrawn, community will identify preferred traffic calming solutions outside of SAC process>.*

34. St. John Street Closure - *Implement* previously approved St. John Street closure (Hospital Planned Development) to allow for additional green/pedestrian

Additional Recommendations:

F. Residential infill: The lot where currently a surface parking lot exists on East St. John at North 13th, should be developed for maximum 2 story residential use.

G. Senior Health Care Transportation: The loss of a local hospital has made access to healthcare more difficult and expensive for local seniors and their supporters. Explore options with VTA and/or other independent living services to increase access, stream line process and decrease cost for transportation for non-emergency healthcare needs for seniors and their supporters.

Not Recommended – Potential Community Support Recommendation

45. **Multi-disciplinary Healthcare Facility** The development of the site should facilitate the development of a large scale multi-disciplinary healthcare facility. [The term “clinic” referred to in another recommendation is not a strong enough definition of the scale of facility desired. Many new multi-disciplinary healthcare facilities that include primary care, urgent care, surgery, sub-specialties, lab, etc are under construction in the Bay Area and the growing downtown of one of the nations largest cities should offer similar medical care options for its citizens]
46. **Zoning Public/Quasi Public** Zoning at the site should remain public/quasi public healthcare. [There is no compelling reason to build housing at the site and evidence to date points to few options for alternate sites in Central San Jose for large scale medical uses.]
47. **Zoning Historical Use** The historical use of the site and value as a community asset should be strongly weighed in considering any zoning changes.
48. **Added to Potential Taskforce Recommendations from the Small Group Meeting list above.**
49. **Demolition.** Building at the site could be reused for purposes other than hospital. In any event, demolition should be deferred until the next use at the site is approved by the City Council.
50. **Land Value** allow the remainder of the site to divert to uses consistent with the land use recommendations of the Stakeholder Advisory Committee. (mixed use residential and retail) only if the contribution of the property owner and other resources available are sufficient and in place to support the health care recommendations of the Stakeholder Advisory Committee.
51. **Land Reservation for a Hospital on Site-** In addition to land required for a Primary/Urgent care facility, land should be set aside or reserved on Site for a future Hospital.